Substitute for form 1449A/PTO			0		Complete if Known		
			ISCLOSURE	Application Number	10/776,021		
STATEMENT BY APPLICANT			APPLICANT	Filing Date	February 9, 2004		
				First Named Inventor	SHEHADA, Ramez Emile Necola		
	(use as m	nany sheets	as necessary)	Art Unit	3761		
				Examiner Name	HAND, Melanie Jo		
Sheet	1	of	2	Attorney Docket Number	064693-0103		

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Examiner	Cite	Document Number	Issue Date	Name of Patentee or	
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Signature	/Melanie Hand	Considered	06/09/2008
*EXAMINER:	Initial if reference considered,	whether or not citation is in conformance with MPI	EP 609. Draw line through citation if not in

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Date

06/09/2008

conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional).

²Applicant is to place a check mark here if English language translation is attached.

Substitu	te for form 1	449A/PT0)		Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/776,021 February 9, 2004		
				First Named Inventor	SHEHADA, Ramez Emile Necola		
	(use as ma	ny sheets	as necessary)	Art Unit	3761		
				Examiner Name	HAND, Melanie Jo		
Sheet	2	of	2	Attorney Docket Number	064693-0103		

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OTHER PRIOR ART – NONPATENT LITERATURE DOCUMENTS						
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, dy	T ²			
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Examiner . Signature	Date Considered	

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